CHAPTER-V

CONCLUSION AND SUGGESTIONS

5.1: Introduction

The present study investigated the relationship between Emotional Intelligence and general health among delinquents and normal juveniles in Iran. Using a random stratified sampling technique 160 normal and 178 delinquent juveniles were selected from different provinces of Iran and evaluated with regard to Emotional Intelligence and general health.

5.2: The major findings are discussed under the following sections.

Profile of the sample

1. Almost equal level of representation was given to all the provinces of Iran for selection of the sample both for normal and juvenile delinquents
2. Majority of the sample selected were found to be in the age group of 16-19 years
3. Educational levels of delinquents were found to be lower than normal adolescents
4. Most of the sample selected were single
5. Some health problems were observed more in delinquents compared to normal adolescents
6. Larceny was most observed crime followed by drug and wine abuse and least was fraud and counterfeit

7. Family and financial problems were the major reasons to commit crime among juvenile delinquents

II) The Findings related to the hypotheses

1. Emotional Intelligence and general health status were positively related to each other in most of the aspects except for anxiety and dysfunction for delinquents

2. Emotional Intelligence and general health status were positively related to each other in all of the aspects

3. Normal juveniles had higher EI compared to delinquents in total Emotional Intelligence and utility component of EI

4. Delinquents had higher problems in general health compared to normal juveniles

5. Age of the respondents did not have significant influence over Emotional Intelligence of the respondents

6. Education level of the respondents did not have significant influence over Emotional Intelligence of the respondents

7. Age of the respondents did not have significant influence over General health status of the respondents

8. Education level of the respondents did not have significant influence over general health, except for anxiety component of GH
5.3: Section I) Demographic data analysis

The analysis revealed that the distribution of both groups was same on different provinces (table 4.1), and marital status (table 4-4). It means that the number of selected samples from different provinces was equal and most of samples in two groups were unmarried. On the other hand the distribution of sample with regard to age (table 4.2), literacy level (table 4-3), healthy status (table 4-5), and type of crime (table 4-6) was significantly different. It refers to the point that the sample was not homogenous according to the above secondary variables and two groups were different in age, literacy level, healthy status and type of crime.

5.4: SECTION II: HYPOTHESES ANALYSIS

a, b) Relationship between Emotional Intelligence and general health among delinquent and normal juveniles.

The first two hypotheses refer to significant relationship between Emotional Intelligence and general health among delinquent and normal juveniles are accepted partially. Tables 4.8 and 4.11 indicated a significant relationship between Emotional Intelligence and general health among delinquent (p<0.01) and normal juveniles (p<0.001).

Results of the present study are consistent to the previous studies which indicated the relationship of EI and GH among adolescents. Previous studies report that high Emotional Intelligence to be associated with positive emotional well being; and deficits in Emotional Intelligence with poor mental health (Schembri et al.,
2006; Kemp et al., 2005). Research showed that high Emotional Attention was positively and significantly related to high anxiety, depression, and to low levels of Role Emotional, Social Functioning, and Mental Health. However, high levels of emotional Clarity and Mood Repair were related to low levels of anxiety and depression, high Role Physical, Social Functioning, Mental Health, Vitality, and General Health (Extremera and Fernandez-Berrocal, 2006). Brown and Schutte (2006) showed the relationship of Emotional Intelligence with the levels of anxiety, depression, and areas related to mental, social, and physical health among university students. On examining the direct and indirect relationships between Emotional Intelligence and subjective fatigue, it has been found that higher Emotional Intelligence was associated with less fatigue (Brown and Schutte, 2006).

The general aim of this study was that the use of these emotional capacities would have differential effects on variables related to general health. The results of this study confirm these individual differences and, therefore, underscore the significant relations between emotional capacities and general health. Specifically, high EI correlate with more physical and depressive symptomatology and with lower scores on anxiety and dysfunctional thoughts revealing the maladaptive and harmful nature of paying less attention to one’s emotions, especially when they are negative. One explanation of the detrimental effect of Emotional Intelligence lies in the fact that people who are aware of their emotions tend to initiate rumination cycles that can harm their emotional wellbeing and their interpersonal functioning. Conversely, the component of EI, e.g. Utilization predicts better general health particularly in normal juveniles. People with high scores in this factor report lower levels of anxiety and depression, better Physical states, higher Social Functioning, better
Mental Health, and a more positive perception of General Health (Extremera and Fernandez-Berrocal, 2006).

The third aim of the present study was to determine the probable difference of correlations of EI and GH between two groups accepted partially. As shown in table 4.14, the correlation between EI and GH in delinquents was significantly differential with the correlation of EI and GH in normal group, indicating a more strong correlation between EI and GH in normal juveniles compare to delinquents. Those individuals who are aware of their emotions and know how to express them may have a good source of health, because they are able to share their problems with those who can be supportive and use appropriate coping ways when facing stressful situations. Therefore, they experience fewer amounts of stress, anxiety, depression and odd behaviours. Riley and Schutte (2003) found that individuals lower in Emotional Intelligence tended to report more alcohol-related and drug-related problems. Similarly, individuals diagnosed with alexithymia (which is strongly correlated with low levels of Emotional Intelligence) have been found to engage in greater alcohol use (Kauhanen, Julkunen, & Salonen, 1992) and greater drug use (Helmers & Mente, 1999).

Factors related to emotions have also been shown to be correlated with delinquency in adolescence and early adulthood. Early onset of delinquent behaviour (prior to the age of 12) has been positively associated with high negative emotionality, as well as with high impulsivity and attention deficits (Taylor, 2000). This indicates that individuals who tend to interpret stimuli in a negative light, who have deficits in controlling their behaviour, and have difficulty attending to stimuli tend to have higher rates of delinquent behaviour. These correlates could well relate
to various components of Emotional Intelligence such as perception and management of emotions. Leech and colleagues (2003) found that higher levels of emotional instability, along with shyness, lower IQ, and gender, was able to predict an increase in the rate of delinquent behaviours.

\textbf{c) Difference of Emotional Intelligence and general health between delinquent and normal juveniles.}

The first part of the third hypothesis of this study was: \textit{There is a significant difference between delinquent and normal juveniles in Emotional Intelligence is accepted partially.} Table 4.15 shows that the differences between normal and delinquent juveniles in total EI was significant. Comparison of mean scores in two groups indicates that normal juveniles showed more Emotional Intelligence than delinquents. Further, among the components of EI, utilization showed a significant difference between two groups, indicating that the mean score of normal group was clearly more than delinquents in utilization (table 4-15).

Some authors have proposed that Emotional Intelligence could account for 10\% of the variance in life outcomes (Mayer & Salovey, 1997), be essential to experience success in life (Goleman, 1995) and directly influence one’s general emotional well-being (Baron & Parker, 2000). Researchers have shown relationships between Emotional Intelligence and externalizing. Emotional Intelligence negatively correlated with aggression and delinquency and was also identified as a moderator between parental monitoring and both aggression and delinquency in an investigation of 203 secondary school students’ emotional literacy (Liau et al., 2003). It also positively correlated with academic achievement in children (Schute Malouff, Hall, Haggerty, Cooper, Golden, & Dornheim, 1998) and
with emotional reactivity in adults (Engelberg & Sjoberg, 2004). The ability to recognize the emotional content of visual stimuli and the ability to accurately identify emotion were found to correlate with children’s achievement and with adults’ competency in the workplace (Finnegan, 1998).

Lower Emotional Intelligence in males has been found to be associated with illegal drug and alcohol use, deviant behaviour, and poor relations with friends (Brackett, Mayer, & Warner, 2004) while higher Emotional Intelligence related to social skills (Bernet, 1996). The relationships of Emotional Intelligence and behaviours (normal and abnormal) can be explained according to emotional security.

Considering that emotional security entails an appraisal and an emotional and behavioural reaction to threat, and that Emotional Intelligence entails the use of emotional information to behave intelligently, both constructs are connected. Mayer and Salovey (1995) assert that any psychological processes that block the flow of information may reduce Emotional Intelligence. Information can be blocked by excessive or chronic fear. When a person feels threatened, his/her ability to attend to feelings other than fear is undermined, compromising his or her reactions. In conditions of threat, individuals focus on the potential danger and often react with short term goals that promote immediate survival (Goleman, 1995). Humans look for ways to overcome danger either by avoiding or by over controlling the situation (Cummings & Davies, 1995). Chronic insecurity and defensive responses reduce the capacity of behaviour to be effective or adaptive. A defensive attitude may divert or foreshorten the processing necessary to make adaptive decisions, leading to reduced sensitivity to others and less social understanding (Mayer, Salovey, Caruso, & Sitarenios, 2003). In conditions of positive emotional security, however, individuals
have been found to use more emotionally competent responses such as tolerance, sensitivity, responsibility, flexible coping, and reality-oriented appraisals of self and others (Helson & Wink, 1987). Additionally, secure people have been found to use positive, adaptive, problem solving responses (Davies, et al., 2002) and assertive behaviour (Patterson, Greene, Basson, & Ross, 2002).

The second part of the third hypothesis of this study was: There is a significant difference between delinquent and normal juveniles in general health is completely accepted. Table 4.16 shows that the differences between normal and delinquent juveniles in total GH and its all components such as physical, anxiety, social dysfunction, and depression was statistically significant (p<0.001). Result indicates that delinquent juveniles showed poor general health in compare to normal juveniles. It can be concluded that poor symptoms of mental health such as depression, social dysfunction may result in delinquency and antisocial behaviours.

Childhood related problems are strong predictor of subsequent involvement in an anti social behaviour. Results from a variety of longitudinal studies show that children who are aggressive and non compliant during elementary school are at risk for serious delinquency during adolescence (Capsi & Moffit, 1995; Loeber, 1982; Sampson &Laub, 1993).

The literature on violence strongly suggests that persons who are violent as adults have been physically abused as children, which implies that the childhood experiences of violent offenders may differ in important ways from those of nonviolent offenders (Reiss & Roth, 1993).

According to Thompson (2001) it makes no sense to just blame it on the
parents, or the schools, or a child's aggressive tendencies. It is a combination of factors that predicts violent behaviour," he says. "A child with disruptive behaviour problems is not going to be violent if the right set of circumstances is compensating for their problems. Conversely, given enough stressful circumstances, a child who would otherwise be fine might become aggressive. The combination of factors to look for should be found both in the child and in the child's environment."

Rich draws the example (cited by William J. Cromie 1998) that Young minds aren't always capable of separating fiction and reality," Rich comments. "They may see violence as an easy way to settle conflict or relieve stress. The media doesn't show the consequences, and they don't think about them." The combination of music and images is more potent than either alone," The barrage of brief scenes allows images of violence and sex to be mixed in far more insidious ways than in a narrative drama," such as the "soaps" or sitcoms.

d) Influence of Secondary variables (age and education,) on Emotional Intelligence in delinquents and normal juveniles.

The fourth hypothesis of this study was: Secondary variables (age and education,) significantly influence the Emotional Intelligence and general health of delinquents and normal juveniles is rejected. Table 4.18 shows that the effect of group on total Emotional Intelligence was significant (p<0.05).when age wise comparison was made as a non significant influence of age on EI was observed (p>%5, table.4.18.) Further, combination of age*group showed a non significant difference in EI between two groups. Results indicate that the amount of EI in
normal group at the ages of 14-17 was more than the ages of 18-21, whereas in
delinquents the magnitude of EI at the ages of 18-21 was more than the ages of 14-
17, but these differences were not significant. The education and birth order
comparisons also showed a non significant influence on EI p>\%5.table 4.20,
4.26.Further, the interaction of group*education (table4.20) and group*birth order
(table4.26) on EI was not statistically significant, indicating no difference between
two groups.

“Lack of control” (defined as a combination of negativism, emotional
liability, restlessness, and short attention span) at ages three and five years predicted
antisocial behaviour at ages nine and eleven years and continued to predict antisocial
behaviour throughout middle adolescence (Caspi, Henry, McGee, Mofitt, & Silva,
1995). Some of the components of “lack of control” may overlap with the
components of Emotional Intelligence in the following ways: negativism may be
related to the general mood dimension in Bar-On’s model, emotional lability may be
related to the management of emotions branch in Mayer and Salovey’s model and
the stress management dimension of Bar-On’s model. The component of short
attention span may impact the perceiving emotions branch of Mayer and Salovey’s
model in that deficits in attention may hinder one’s ability to attend to, and thus
perceive, emotions in others.

David, Rooy, Alonso, and Viswesvaran (2005) studied a common measure of
Emotional Intelligence (EI) on 275 participants (216 females and 59 males) to
examine how different groups score on a test of EI. Differences were compared for
gender, ethnicity and age. Results indicated that females scored slightly higher than
males and EI scores tended to increase with age. Group differences existed for ethnicity but favored minority groups, mitigating potential adverse impact concerns.

The CSAP (center for substance Abuse Prevention) (2003) suggest if children are raised in a family with a history of addiction to alcohol or other drugs, the risk of having alcohol and other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity, the risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

The EDJJ center (educational, disabilities juvenile justice) reports that children’s homes and families constitute are one of the earliest indicators of potential academic failure. Research has demonstrated a connection between poverty and school dropout for both regular and special education students. In addition to poverty, students at risk often come from families where academic skills such as reading are not modeled, and where multiple family stressors are present (e.g., alcohol and other drug abuse, divorce, child maltreatment). High levels of poverty are also associated with forms of community social disorganization (e.g., high rate of unemployment, insufficient resources for after-school programs) that place youth at risk for school failure and delinquency. Further they suggest home, community, and school risk factors are connected and negatively affect outcomes in each of these domains. For example, children in poverty often have less verbal interaction with their parents; resulting in significantly lower vocabularies at the time they enter school (Hart & Risley, 1995).
e) Influence of Secondary variables (age and education) on general health in delinquents and normal juveniles.

The fifth hypothesis of this study was: Influence of Secondary variables (age and education) on general health in delinquents and normal juveniles. With regard to general health results showed a significant difference between two groups. When age wise (table 4.22), education wise (table 4.24) and birth order wise (table 4.26) comparisons were made no significant difference was observed between two groups, indicating that the influence of the above variables on general health was not significant.

Djibuti and Shakarishvili (2003) identified clinical, demographic, and socioeconomic factors of poor quality of life in patients with epilepsy in Georgia. Result indicates that advanced age was a significant predictor for a low overall quality of life, energy/fatigue, and cognitive scores. Female sex was the factor that significantly predicted a low seizure worry score. Education level strongly correlated with overall quality of life, and cognitive and social functioning scores.

Mehmood khan et al. (2009) in their study regarding the causes of depression found that Race, Gender, Education were the main socio-demographic variables having association with the causes of depression among the students. Wang and Guebaly (2004) found that young age, single marital status, and low family income were potential risk factors for depression among general population.

Kamran (2012) in a longitudinal study showed that gender, age, marital status, and low family income appeared to be significant predictors of depression.
Najman, Hallam, and Michael (2005) found that there are many factors associated with maternal reports of symptoms of depression in 5-year-old children. These included marital partner changes, mother’s health problems in pregnancy, mother’s education, child health over the first 6 months of life, maternal anxiety and marital satisfaction early in the child’s development and the mother’s attitude towards care giving. A multiple risk factor model indicates higher rates of depression for children experiencing multiple exposures to risk.

Research showed that persons who meet poverty level have higher rates for major depression than those persons who are not in poverty. People of low socioeconomic status are more likely to have chronic or recurrent depression than others in higher socioeconomic strata (Cited in Hirschfeld, 2000).

Khaneh keshi and Abolghasemi (2013) investigated the role of socio-demographic variables such as parents’ economic status, parents’ educational level, residence, gender and academic grades on 400 high school students’ depression. Result of Logistic regression indicates that the best predictors of depression were gender (more depression in the girls), parents’ poor and average economical level and parents’ low educational level (primary and secondary levels), Parents’ job (worker families) and residence, respectively.

5.5: Conclusion

Youth who are involved with the juvenile justice system have substantially higher rates of mental health disorders than youth who were not involved in the general population, and they may have rates of disorder comparable to those among youth being treated in the
mental health system. The prevalence of mental disorders among youth in the general population is estimated to be about 22 percent; the prevalence rate for youth in the juvenile justice system is as high as 60 percent.

In this chapter an attempt was made to interpret the results of the study such as relationship of Emotional Intelligence and general health status in normal and delinquent juveniles, higher level of EI in normal juveniles compared to delinquents, higher level of general health problems in delinquents, no significant influence of secondary variables such as age, education and birth order on EI and GH in two groups. It was found that juvenile delinquents were with low EI and had more problems in their general health.

While more research needs to be conducted, researchers know that many programs are effective in treating youth who have mental health care needs in the juvenile justice system, reducing recidivism and deterring young people from future juvenile justice involvement. Generally, regardless of the type of program used or the youths’ background, recidivism rates among those who received treatment are as much as 25 percent lower than the rates of those children and teens in untreated control groups. The best, research-based treatment programs, however, can reduce recidivism rates even more—from 25 to 80 percent.

5.6: Limitations of the study

There are several limitations in the present study which are important to note. The correlational nature of these findings prevents them from ascertaining the casual flow among the variables studied. The replication of this study with longitudinal designs would help to clarify the causal nature of these relationships. Also, this study does not include information directly obtained from parents or other sources like teachers and relies on questionnaires. Further, lack of presence of researchers in
institutes for collecting the information may be a probable reason of losing a lot of true information which have obtained by explaining more via the researcher.

5.7: Suggestions

With reference to the study results and keeping the objectives in mind the following suggestions are presented here under:

- It is proposed that in further studies researchers try to collect more information from the juvenile’s parents and other resources such as teachers to make better interpretations.
- Since most delinquents in this study were from families with low incomes and jobs, it seems to prevent crime, finding a job for them and promotion of their socio-cultural status is essential.
- Provision of leisure programs, the changing role of the police and justice system agencies from only surveillance and monitoring to trust building and training organizations.
- Develop of tips and consultation institutions to help adolescents, as well as using the services of psychiatrists, psychologists, counsellors or social workers for parents and adolescents.
- Educating families to communicate more intimately with their children to discuss their concerns without fear and also to avoid falling into the trap friends unfit groups, drugs and ...
• Promotion of life skills training and scientific guidance in adolescences, because, through this way, we can improve the Emotional Intelligence of adolescents and thus we can lead them towards a very successful future life.

• Establishing the sessions to promote Emotional Intelligence in schools, because students who develop their ability to understand, process, and use their emotions may be able to navigate unfamiliar and challenging social situations better than those who do not.

• Because juvenile delinquents are influenced by the emotions of other prisoners they will learn from elders, teaching life skills such as assertive training in prisons, Education is essential.

**Future Research**

• Further research to focus on curriculum development

• Cross-ethnic; cross-gender; underrepresented groups

• Exploration of vocabulary deficiencies